

Issue Classification	Application No.	Applicant(s)
	10/005,511	LEONE-BAY ET AL.
Examiner	Art Unit	
James M Spear	1615	

ISSUE CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
424	451	424	452	455	464	465	489	
INTERNATIONAL CLASSIFICATION								
A 61	K	9114						
A 61	K	9120						
A 61	K	9148						
		1						
		1						

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA		<input checked="" type="checkbox"/> I.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
1	1	11	31	41	61	71	91	131	151
2	2	12	32	42	62	72	92	132	152
3	3	13	33	43	63	73	93	133	153
4	4	14	34	44	64	74	94	134	154
5	5	15	35	45	65	75	95	135	155
6	6	16	36	46	66	76	96	136	156
7	7	17	37	47	67	77	97	137	157
8	8	18	38	48	68	78	98	138	158
9	9	19	39	49	69	79	99	139	159
10	10	20	40	50	70	80	100	140	160
11	11	21	41	51	71	81	101	141	161
12	12	22	42	52	72	82	102	142	162
13	13	23	43	53	73	83	103	143	163
14	14	24	44	54	74	84	104	144	164
15	15	25	45	55	75	85	105	145	165
16	16	26	46	56	76	86	106	146	166
17	17	27	47	57	77	87	107	147	167
18	18	28	48	58	78	88	108	148	168
19	19	29	49	59	79	89	109	149	169
20	20	30	50	60	80	90	110	150	170
21	21	31	51	61	81	91	111	151	171
22	22	32	52	62	82	92	112	152	172
23	23	33	53	63	83	93	113	153	173
24	24	34	54	64	84	94	114	154	174
25	25	35	55	65	85	95	115	155	175
26	26	36	56	66	86	96	116	156	176
27	27	37	57	67	87	97	117	157	177
28	28	38	58	68	88	98	118	158	178
29	29	39	59	69	89	99	119	159	179
30	30	40	60	70	90	100	120	160	180

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ORIGINAL			CROSS REFERENCE(S)								
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)								
424	451	424	452	455	464	465	489				
INTERNATIONAL CLASSIFICATION											
A 61	K	9 14									
A 61	K	9 20									
A 61	K	9 48									
		/									
		/									
(Assistant Examiner) (Date)			JAMES M. SPEAR PRIMARY EXAMINER <i>James M. Spear</i>					Total Claims Allowed: 201			
(Legal Instruments Examiner) (Date)			AUG 10 2005 (Primary Examiner) (Date)					O.G. Print Claim(s)	O.G. Print Fig.		
			1-08-2005					1	1		

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
191	211		241		271		301
192	212		242		272		302
193	213		243		273		303
194	214		244		274		304
195	215		245		275		305
196	216		246		276		306
197	217		247		277		307
198	218		248		278		308
199	219		249		279		309
200	220		250		280		310
201	221		251		281		311
222			252		282		312
223			253		283		313
224			254		284		314
225			255		285		315
226			256		286		316
227			257		287		317
228			258		288		318
229			259		289		319
230			260		290		320
231			261		291		321
232			262		292		322
233			263		293		323
234			264		294		324
235			265		295		325
236			266		296		326
237			267		297		327
238			268		298		328
239			269		299		329
240			270		300		330